



SAINT JOHN OF GOD NURSING HOSPITAL & RESIDENCE

2035 WEST ADAMS BLVD.
LOS ANGELES, CALIFORNIA 90018
PHONE 731-0641

PRE ADMISSION MEDICAL RECORD

DATE 5 - 20 - 77NAME Rev. Aloysius Ellacuria, c.m.f. AGE 71PRESENT ADDRESS 1119 Westchester Pl. - L.A. 90019 TELEPHONE 731- 9329HOME ADDRESS same TELEPHONE _____
(IF DIFFERENT FROM ABOVE)MEDICAL: (YES) (NO) # _____ MEDICARE: (YES) (NO) # 526 - 86 - 6075 - M

HAS APPLIED FOR ADMISSION TO OUR HOSPITAL. BEFORE WE CAN ADMIT HIM IT IS NECESSARY THAT WE HAVE THE FOLLOWING INFORMATION: (PLEASE TYPE OR PRINT.) ALL ITEMS MUST BE COMPLETED AND FORM SIGNED. LISTING OF PRESENT MEDICATIONS AND DIET DOES NOT CONSTITUTE "ORDERS" OF PATIENT TO BE ADMITTED.

DIAGNOSIS Degenerative arthritis, left hip (See Surgical Treatment)Patient has been under treatment by Dr. Chuateco for cardiac problems.HISTORY OF ILLNESS Pain in left hip for many years, progressively more severe.HOSPITALIZED IN THE PAST 12 MOS? Yes (EXPLANATION SHOULD INCLUDE HOSPITAL AND DATES OF STAY)Queen of Angels Hospital: 12/13/76 to 1/25/77Hollywood Presbyterian Medical Center - Chalet: 1/25/77 to 5/20/77PRESENT MEDICATIONS ORAL, PARENTERAL & ETC. Empirin No. 3; Valium 5 mg.; Chloral hydrate gr. 7-1/2DIET Regular

PLEASE CIRCLE ONE PER SET:

AMBULATORY (YES) (NO): FEED SELF (YES) (NO): DRESS SELF (YES) (NO): INCONTINENT (YES) (NO)FOLEY CATHETER (YES) (NO) BLOOD PRESSURE:

HAS PATIENT HAD A CBC & URINALYSIS WITHIN THE PAST MONTH? (YES) (NO)

RESULTS: CBC within normal limits DATE _____URINALYSIS within normal limits DATE _____DO YOU RECOMMEND PHYSICAL THERAPY EVALUATION? Yes

REHABILITATION POTENTIAL _____

AND/OR ANY OTHER REHABILITATION THERAPY? _____

(OVER)



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Patient has been under treatment by Dr. Chuateco for cardiac problems.

HISTORY OF ILLNESS Pain in left hip for many years, progressively more severe.

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PLEASE CIRCLE ONE PER SET:

AMBULATORY (YES) (NO): FEED SELF (YES) (NO): DRESS SELF (YES) (NO): INCONTINENT (YES) (NO)

FOLEY CATHETER (YES) (NO) BLOOD PRESSURE:

HAS PATIENT HAD A CBC & URINALYSIS WITHIN THE PAST MONTH? (YES) (NO)

RESULTS: CBC within normal limits DATE _____

URINALYSIS within normal limits DATE _____

DO YOU RECOMMEND PHYSICAL THERAPY EVALUATION? Yes

REHABILITATION POTENTIAL _____

AND/OR ANY OTHER REHABILITATION THERAPY? _____

(OVER)

IS THE PATIENT ALLERGIC TO ANY DRUGS, FOODS & ETC? _____

HAS PATIENT HAD A CHEST X-RAY WITHIN THE PAST SIX MONTHS? (YES) (NO) _____ RESULTS: _____

SURGICAL TREATMENT: (YES) (NO) SPECIFY TYPE OF SURGERY AND DATES: _____

12/23/76 - Total hip replacement, left, Charnley-Muller technique.

RESULTS Very good.

IS PATIENT SUFFERING FROM ANY CONTAGIOUS DISEASE? No

PRESENT MENTAL CONDITION Good

ARE RESTRAINTS REQUIRED? No IS HE CO-OPERATIVE? Yes

DOES THE PATIENT WANDER? No PHYSICALLY (YES) (NO) No MENTALLY (YES) (NO) No

NEAREST RELATIVE OR RESPONSIBLE PARTY:

NAME Rev. William King, c.m.f. RELATIONSHIP Superior

ADDRESS 1119 Westchester Pl. - L.A. 90019 TELEPHONE 731 - 9329

WILL YOU ATTEND THIS PATIENT IN OUR HOSPITAL IN CASE OF EMERGENCY AND AT LEAST ONCE A MONTH? (YES) (NO).
IF NO, MAY ATTENDING M.D. TELEPHONE YOU? (YES) (NO) Refer to panel doctor, Foley Medical Group
IF YOU ARE CONTINUING THIS PATIENT'S CARE: WE ASK THAT YOU VISIT THE PATIENT AND WRITE ADMISSION ORDERS WITHIN 24 HOURS
AFTER THE PATIENT'S ADMISSION, AS REQUIRED BY LAW.

SIGNED  M.D.

PLEASE PRINT: NAME JOON Y. KOH, M.D. M.D. REG. # A-23614

ADDRESS 4220 West Third Street BNDD # AK-0000404

Los Angeles, California 90020

TELEPHONE (213) 386-3554

EXCHANGE Same

IS THE PATIENT ALLERGIC TO ANY DRUGS, FOODS & ETC? _____

HAS PATIENT HAD A CHEST X-RAY WITHIN THE PAST SIX MONTHS? (YES) (NO) _____ RESULTS: _____

SURGICAL TREATMENT: (YES) (NO) SPECIFY TYPE OF SURGERY AND DATES: _____

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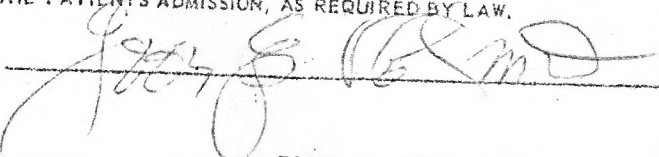
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